

**SECTION**  
ELIGIBILITY FOR SERVICES**SUBJECT**  
Retainer Payments**PURPOSE**

Retainer payments are available to keep an individual from losing their caregivers or placement in a residential setting.

**DEFINITION**

Retainer days are days on which a provider may still be reimbursed for services even though the individual is absent from the home or adult residential care. The individual may be in a hospital, nursing facility, or visiting friends or relatives for this period of time. Retainer days may not exceed 30 days per the individual's Person-Centered Recovery Plan year unless; it is for a certain circumstance that can be given prior approval by the Community Program Officer or the Department. An individual should promptly inform the Case Management Team of any occasion(s) when they need to be absent for more than 30 days. After acknowledging the request the Case Management Team should inform the Community Program Officer or Department and wait for approval before increasing the amount of retainer days allowed for reimbursement. \*A provider may be reimbursed for every day the individual is away from home with prior approval.\*

Upon readmission a revised/new Person-Centered Recovery Plan with a new annual date span would restart the retainer day's calendar. **Retainer days must not be used while individual is in the Montana State Hospital. See Attachment A.**

**AFFECTED SERVICES**

This policy pertains only to the following services, and is applicable only to payment of HCBS waiver services :

1. SDMI HCBS Agency PAS; and
2. Residential Habilitation

**REQUIREMENT**

A provider may be paid only if an agreement has been made with the CMT to allow for reimbursement during these absences. Reimbursement for retainers will not be made if the personal assistant can provide services to another individual during that time period.

The case management team must keep a record of an individual's retainer days to ensure that they do not exceed 30 days. They should have agreements in place with providers to ensure they understand payment will not be made in excess of the 30 days, unless increased absences

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have been approved by the Community Program Officer or Department. If retainer days exceed 30 days and the providers were not notified of this policy, CMTs will be responsible for payment to affected providers and Medicaid payment will not be available.

**PROCEDURE**

If an individual is absent under this policy, the CMT should not send a Discharge Sheet (DPHHS-AMDD - 137) to MPQH, nor should an Entrance/Discharge Into Medicaid Home and Community Based Services (DPHHS-DD/SLTC/AMDD-55) be sent to the county. The CMT should, however, notify the Office of Human Services Eligibility Staff if the individual has been admitted to a Nursing Facility or Hospital and that the waiver span should be kept open because the institutional placement is temporary.

